

Form 5 - 4/93

**STATE OF ALABAMA
PERSONNEL DEPARTMENT**

DEPARTMENTAL APPOINTMENT NOTIFICATION

CHRS
APPROVED *[Signature]* 1/14/94
APPROVED *[Signature]* 1/18/94

01 R1

60 pp Att

1. Full Name of Appointee BUTLER, Alverne				2. Social Security Number 418-82-8446					
3. Agency/Code Transportation			0 1 2		4. Organization/Code Computer Services			0 3 5 0	
5. Class Title/Codes Clerical Aide			1 0 1 0 3		6. Class Option Title/Codes				
7. Position No 1739503				8. County of Employment/Code Montgomery				5 1	
9. Salary Rate 359.80		Grade 28		Step 8		10. Effective Date 01/10/94			
11. Employment Type: 1. () Permanent Full-time 2. <input checked="" type="checkbox"/> Temporary Full-time 3. () Part-Time Permanent 4. () Part-Time Temporary 5. () Conditional If part-time, indicate percentage of time worked _____									
12. Shift Work: 1. (<input checked="" type="checkbox"/>) First Shift 2. () 2nd Shift 3. () 3rd Shift									
13. Date Position Vacated				14. Sex/Code Female		5. Race/Code Black		2	
IMPORTANT Submit this form BEFORE the appointee begins work. Application must be attached to this form.									
16. Certificate of Appointing Authority: I certify that to the best of my knowledge and belief the proposed appointee is fully qualified to perform the duties of this position.									
Signed <i>[Signature]</i> Appointing Authority						Date <i>January 7, 1994</i>			
17. Approved:									
Signed _____						Date _____			
Personnel Director									
ACTION/REASON	REO FLAG	EMPLOYMENT TYPE	PAY CLASS	DIFFERENTIAL STEP	ANNUAL RAISE DATE	FROM END DATE			

**DEFENDANT'S
EXHIBIT**

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